

# INTERIM NOTICE OF CHANGE OF MEMBER/MANAGER DOMESTIC AND FOREIGN LIMITED LIABILITY COMPANIES

Office of the Secretary of the State

**MAILING ADDRESS:**

Commercial Recording Division  
Connecticut Secretary of the State  
P.O. Box 150470  
Hartford, CT 06115-0470  
860-509-6003

**DELIVERY ADDRESS:**

Commercial Recording Division  
Connecticut Secretary of the State  
30 Trinity Street  
Hartford, CT 06106  
860-509-6003

Space For Office Use Only

Filing Fee \$10.00

Make checks Payable to "Secretary of the State"

**1. Name of Limited Liability Company**

**2. New member(s)/manager(s) information:**  
(street address required - P.O. Box is not acceptable)

Name	Title	Residence Address	Business Address

**3. Member(s)/manager(s) who have ceased to be member(s)/manager(s):**

Name	Title	Name	Title

Note: If additional space is needed, please reference an 8 1/2 x 11 attachment

**4. EXECUTION**

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

<b>Print or type name of Signatory</b>	<b>Capacity of Signatory</b>	<b>Signature</b>

**INSTRUCTIONS FOR COMPLETION OF THE INTERIM  
NOTICE OF CHANGE OF MEMBER/MANAGER FORM  
Domestic and Foreign Limited Liability Companies**

Instructions correspond with numbered entries on the form

1. **NAME OF LIMITED LIABILITY COMPANY:** Please provide the complete name of the Limited Liability Company as it currently appears on the records of the Secretary of the State. If the notice is being filed by a foreign Limited Liability Company, such Limited Liability Company should provide the name under which it is currently authorized to transact business in Connecticut.
2. **MEMBER/MANAGER INFORMATION:** Please print or type the full name of the Limited Liability Company 's member(s) or manager(s), their titles and their residence and business addresses. Complete street addresses, including a street number, street name, city, state, postal code and country if other than the United States, are required.  
**Note: P.O. boxes are only acceptable as additional information.**
3. **MEMBERS/MANAGERS WHO HAVE CEASED TO BE MEMBER(S)/MANAGER(S):** Please print or type the full name of member(s)/manager(s) who have ceased holding their position within the Limited Liability Company and their title(s).
4. **EXECUTION:** The document must be executed by an authorized official of the Limited Liability Company. That person must print or type their name and state the capacity under which they sign. The execution constitutes a legal statement under the penalties of false statement that the information provided in the document is true.